

FAX

ATTN. ESQ. Joseph J. Santarone Jr.

Fax Number 6103548299

Phone Number 6103548250

FROM R.A. ROBERTS

Fax Number 6103859564

Phone Number

SUBJECT Re: Heart & Lung Claim/Settlement Offer

Number of Pages 2

Date 3/9/2009

MESSAGE

Mr. Santarone, enclosed you will find the most recent correspondence from Dr. S. Michael Phillips of the University of Pennsylvania. After reviewing this document with Montgomery County, please forward your clients updated settlement offer regarding my Heart & Lung Claim which has been pending since January of 2008. Thank you in advance for an expeditious response.

Sincerely,
Reginald A. Roberts



PENN Medicine at Radnor

Date: February 19, 2009

To: Montgomery County Solicitor's Office/Legal Counsel Joseph J. Santarone Jr.
Re: Reginald A. Roberts

Reginald A. Roberts is a patient under my care at Penn Medicine @ Radnor. Mr. Roberts has been treated by medical specialists at the University of Pennsylvania for a number of medical issues that are directly related to his contracting of tuberculosis. Time taken off from work by Mr. Roberts beginning in November of 2007 through April of 2008 is due to his temporary medical disability as it relates to tuberculosis and to sensitivities, which he developed to inhalational factors in his workplace. Time off is to include any and all days used for medical appointments, sick days and leave time taken off for medical issues, as these were determined to be medically necessary.

As of today, Mr. Roberts does not require any further treatment as it relates to tuberculosis. However, a chest CT Scan and office visits are necessary precautions for Mr. Roberts tuberculosis issue. Pending any potential flare-ups that are attributed to tuberculosis, Mr. Roberts will not be required to see me until June 2009.

Should you have any questions, please do not hesitate to contact me as soon as possible.

A handwritten signature in black ink, appearing to read "S. Michael Phillips".

Dr. S. Michael Phillips
Lead Clinical Physician
Professor of Medicine and Neurology



Sent

Date	Duration	Name	Fax Number	Pages	Status
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